

Please type a plus sign (+) inside this box →

+

PTO/SB/05 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                        |  |
|---|------------------------|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No.    | 03871- P0001B                              |
|   | First Inventor         | John A. Rotondo                            |
|   | Title                  | Remote Thermostat For Room Air Conditioner |
|   | Express Mail Label No. | EL574206925US                              |

|   |   |
|---|---|
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents</small>   | <b>ADDRESS TO:</b><br>Commissioner for Patents<br>Mail Stop Patent Application<br>Alexandria, VA 22313-1450   |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original, and a duplicate for fee processing)</small><br>2. <input checked="" type="checkbox"/> Applicant claims small entity status<br><small>See 37 CFR 1.27.</small><br>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>24</b> ]<br><small>(preferred arrangement set forth below)</small><br>- Descriptive title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claims(s)<br>- Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawings(s) (35 USC 113) [Total Sheets <b>4</b> ]<br>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <b>2</b> ]<br>a. <input checked="" type="checkbox"/> New executed (original or copy)<br>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d))<br><small>(for continuation/divisional with Box 18 completed)</small><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small><br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b.: Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statement verifying identity of above copies<br><b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)<br>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 of its equivalent.<br>17. <input type="checkbox"/> Other..... |

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application No.: 60/396,215

Prior application information: Examiner Group/Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.


**18. CORRESPONDENCE ADDRESS**

☒ Customer Number of Bar Code Label

**24126**  
(Insert Customer No. or Attach bar code label here.)

☒ Correspondence address below

|         |  |           |              |          |              |
|---------|--|-----------|--------------|----------|--------------|
| Name    | Stanley H. Lieberstein                                     |           |              |          |              |
| Address | St.Onge Steward Johnston & Reens LLC<br>986 Bedford Street |           |              |          |              |
| City    | Stamford   | State     | CT           | Zip Code | 06905-5619   |
| Country | United States  | Telephone | 203 324-6155 | Fax      | 203 327-1096 |

|                   |   |                                   |             |
|-------------------|---|-----------------------------------|-------------|
| Name (Print/Type) | Todd M. Oberdick  | Registration No. (Attorney/Agent) | 44,268      |
| Signature         |  |                                   | Date 7/1/03 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop CPA; Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450.

17302 U.S. PTO  
10/611511  
07/01/03

17581 U.S. PTO  
07/01/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

|                                |  |            |  |  |  |
|--------------------------------|--|------------|--|--|--|
| <b>TOTAL AMOUNT OF PAYMENT</b> |  | (\$ 375.00 |  | <b>Complete if Known</b>                       |  |
|                                |  |            |  | Application No.                                |  |
|                                |  |            |  | Filing Date                                    |  |
|                                |  |            |  | First Named Inventor<br>John A. Rotondo        |  |
|                                |  |            |  | Examiner Name                                  |  |
|                                |  |            |  | Group Art Unit                                 |  |
|                                |  |            |  | Attorney Docket Number<br>03871-P0001B SHL/TMO |  |

| METHOD OF PAYMENT (check one)   |                 |                |                 | FEE CALCULATION (continued)  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
|---|-----------------|----------------|-----------------|--|-----------------|----------------|-----------------|-----------------|-----------------|----------------|-----------------|-----------------|----------|--------------------|--------|--------------------|-----|-------------------------------------|-----|-------------------|-----------------|----------------|-----------------|--|-----|------------------|-----|-----|-----|---------------------------|-----|--------------------|-------|-----|-------|--|----|------------------------|------|---------------------|------|--|---|-----|---------------|-----|-------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|
| <b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payment to:</b><br>Deposit Account Number: 19-4516<br>Deposit Account Name: St. Onge Steward Johnston & Reens LLC<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under CFR 1.16 and 1.17<br><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                 |                |                 | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing for or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840</td><td>Requesting publication of SIR after Examiner Action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>410</td><td>216</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>930</td><td>217</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,450</td><td>218</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,970</td><td>228</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,300</td><td>241</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,300</td><td>242</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>470</td><td>243</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>630</td><td>244</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Informational Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per Property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>750</td><td>246</td><td>375</td><td>Filing a submission after final rejection (37CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>750</td><td>249</td><td>375</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>750</td><td>279</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |                 |                |                 | Large Fee Code  | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105                | 130    | 205                | 65  | Surcharge - late filing for or oath |     | 127               | 50              | 227            | 25              | Surcharge - late provisional filing or cover sheet |     | 139              | 130 | 139 | 130 | Non-English specification |     | 147                | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 112                    | 920* | 112                 | 920* | Requesting publication of SIR prior to Examiner action |   | 113 | 1,840*        | 113 | 1,840 | Requesting publication of SIR after Examiner Action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 410 | 216 | 205 | Extension for reply within second month |  | 117 | 930 | 217 | 465 | Extension for reply within third month |  | 118 | 1,450 | 218 | 725 | Extension for reply within fourth month |  | 128 | 1,970 | 228 | 985 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,300 | 241 | 650 | Petition to revive - unintentional |  | 142 | 1,300 | 242 | 650 | Utility issue fee (or reissue) |  | 143 | 470 | 243 | 235 | Design issue fee |  | 144 | 630 | 244 | 315 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 240 | 126 | 240 | Submission of Informational Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per Property (times number of properties) |  | 146 | 750 | 246 | 375 | Filing a submission after final rejection (37CFR § 1.129(a)) |  | 149 | 750 | 249 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 750 | 279 | 375 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid        |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 105   | 130             | 205            | 65              | Surcharge - late filing for or oath  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 127   | 50              | 227            | 25              | Surcharge - late provisional filing or cover sheet   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 139   | 130             | 139            | 130             | Non-English specification  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 147   | 2,520           | 147            | 2,520           | For filing a request for <i>ex parte</i> reexamination   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 112   | 920*            | 112            | 920*            | Requesting publication of SIR prior to Examiner action   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 113   | 1,840*          | 113            | 1,840           | Requesting publication of SIR after Examiner Action  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 115   | 110             | 215            | 55              | Extension for reply within first month   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 116   | 410             | 216            | 205             | Extension for reply within second month  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 117   | 930             | 217            | 465             | Extension for reply within third month   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 118   | 1,450           | 218            | 725             | Extension for reply within fourth month  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 128   | 1,970           | 228            | 985             | Extension for reply within fifth month   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 119   | 320             | 219            | 160             | Notice of Appeal   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 120   | 320             | 220            | 160             | Filing a brief in support of an appeal   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 121   | 280             | 221            | 140             | Request for oral hearing   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 138   | 1,510           | 138            | 1,510           | Petition to institute a public use proceeding  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 140   | 110             | 240            | 55              | Petition to revive - unavoidable   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 141   | 1,300           | 241            | 650             | Petition to revive - unintentional   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 142   | 1,300           | 242            | 650             | Utility issue fee (or reissue)   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 143   | 470             | 243            | 235             | Design issue fee   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 144   | 630             | 244            | 315             | Plant issue fee  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 122   | 130             | 122            | 130             | Petitions to the Commissioner  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 123   | 50              | 123            | 50              | Processing fee under 37 CFR 1.17(q)  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 126   | 240             | 126            | 240             | Submission of Informational Disclosure Stmt  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 581   | 40              | 581            | 40              | Recording each patent assignment per Property (times number of properties)   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 146   | 750             | 246            | 375             | Filing a submission after final rejection (37CFR § 1.129(a))   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 149   | 750             | 249            | 375             | For each additional invention to be examined (37 CFR 1.129(b))   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 179   | 750             | 279            | 375             | Request for Continued Examination (RCE)  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 169   | 900             | 169            | 900             | Request for expedited examination of a design application  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>2. <input checked="" type="checkbox"/> Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                 |                |                 |  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>FEE CALCULATION</b><br><b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>750</td><td>201</td><td>375</td><td>Utility filing fee</td><td>375.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>520</td><td>207</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>375.00</b></td></tr> </tbody> </table> |                 |                |                 | Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid        | 101            | 750             | 201             | 375      | Utility filing fee | 375.00 | 106                | 330 | 206                                 | 165 | Design filing fee |                 | 107            | 520             | 207  | 260 | Plant filing fee |     | 108 | 740 | 208                       | 370 | Reissue filing fee |       | 114 | 160   | 214  | 80 | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |      |  |   |     | <b>375.00</b> |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid        |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 101   | 750             | 201            | 375             | Utility filing fee   | 375.00          |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 106   | 330             | 206            | 165             | Design filing fee  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 107   | 520             | 207            | 260             | Plant filing fee   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 108   | 740             | 208            | 370             | Reissue filing fee   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 114   | 160             | 214            | 80              | Provisional filing fee   |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>SUBTOTAL (1)</b>   |                 |                |                 |  | <b>375.00</b>   |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>2. EXTRA CLAIMS FEES</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>15</td> <td>-20** = 0</td> <td>X 9.00 =</td> <td>0.00</td> </tr> <tr> <td>3</td> <td>-3** = 0</td> <td>X 18.00 =</td> <td>0.00</td> </tr> <tr> <td colspan="4">Multiple Dependent</td> </tr> <tr> <td>Larg e Fee Code</td> <td>Entity Fee (\$)</td> <td>Small Fee Code</td> <td>Entity Fee (\$)</td> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> </tr> </tbody> </table>                |                 |                |                 | Total Claims   | Extra Claims    | Fee from Below | Fee Paid        | 15              | -20** = 0       | X 9.00 =       | 0.00            | 3               | -3** = 0 | X 18.00 =          | 0.00   | Multiple Dependent |     |                                     |     | Larg e Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | 103  | 18  | 203              | 9   | 102 | 84  | 202                       | 42  | 104                | 280   | 204 | 140   | 109  | 80 | 209                    | 40   | 110                 | 18   | 210  | 9 |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Total Claims  | Extra Claims    | Fee from Below | Fee Paid        |  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 15  | -20** = 0       | X 9.00 =       | 0.00            |  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 3   | -3** = 0        | X 18.00 =      | 0.00            |  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Multiple Dependent  |                 |                |                 |  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Larg e Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) |  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 103   | 18              | 203            | 9               |  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 102   | 84              | 202            | 42              |  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 104   | 280             | 204            | 140             |  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 109   | 80              | 209            | 40              |  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 110   | 18              | 210            | 9               |  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>3. SUBTOTAL (2)</b> (\$ 0.00   |                 |                |                 | <b>3. SUBTOTAL (3)</b> (\$ 0.00  |                 |                |                 |                 |                 |                |                 |                 |          |                    |        |                    |     |                                     |     |                   |                 |                |                 |  |     |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |   |     |               |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |

|   |   |                                 |  |
|---|---|---------------------------------|--|
| <b>SUBMITTED BY</b> St. Onge Steward Johnston & Reens LLC |   | <b>Complete (if applicable)</b> |  |
| <b>Name (Print Type)</b> Todd M. Oberdick                 | <b>Registration No. (Attorney/Agent)</b> 44,268 | <b>Telephone</b> 203 324-6155   |  |
| <b>Signature</b> <i>Todd M. Oberdick</i>                  | <b>Date</b> 7/1/2003                            |                                 |  |

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORM TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT  
03871-P0001B SHL/TMO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                       |   |
|-----------------------|---|
| Applicant             | John A. Rotondo                               |
| Serial No.            | Pending                                       |
| Title of Application: | Remote Thermostat For Room Air<br>Conditioner |

Assistant Commissioner for Patents  
Washington, DC 20231

**Cover Sheet For Four Sheets Of Drawings**

Attorneys for Applicant  
Stanley H. Lieberstein, Registration No. 22,400  
Todd M. Oberdick, Registration No. 44,268  
**ST.ONGE STEWARD JOHNSTON & REENS LLC**  
986 Bedford Street  
Stamford, CT 06905-5619  
203 324-6155

Express Mail No. EL 574206915 US